

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000022839

FILED
Nov 06, 2009
Secretary of State

Entity Name: WEST REHABILITATION CENTER OF MIAMI, INC.

Current Principal Place of Business:

9545 SW 24 ST
B208
MIAMI, F 33165

New Principal Place of Business:

7990 SW 117TH AVE
SUITE 136
MIAMI, F 33183

Current Mailing Address:

9545 SW 24 ST
B208
MIAMI, F 33165

New Mailing Address:

7990 SW 117TH AVE
SUITE 136
MIAMI, F 33183

FEI Number: 26-2113339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, MARILYN E
9545 SW 24 ST
B208
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARILYN SANCHEZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANCHEZ, MARILYN E
Address: 9545 SW 24 ST B208
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN SANCHEZ

P

11/06/2009

Electronic Signature of Signing Officer or Director

Date